Effective October 1, 2001													
CLAIMS AS FILED - PART (Column 1)						(Column 2)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		• 4			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		* cs			X42=		OR	X84=		
MUI	LTIPLE DEPEND	DENT CLAIM PF	ESENT					+140=		OR	+280=		
* If th difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										OR	OTHER SMALL		
		(Column 1)				(Column 3)	4	SWAL		7		ADDI-	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	. 24	Minus	** 2	4	=		X\$ 9=		OR	X\$18=		
	Independent	. 5	Minus	***	红3	- 2	4	X42=	-14	OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPEND			PENDEN	NT CLAIM			+140=		OR	+280=		
						•		TOT ADDIT, FI		OR	TOTAL ADDIT. FEE		
-		(Column 1)		(Coli	ımn 2)	(Column 3	3)		•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	7	HIG NU PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 16	Minus	** (24	= /		X\$ 9	=	OR	X\$18=		
	independent	• 3	Minus	***	<u>S</u>			X42=	. /	OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDE	NT CLAIM	/	لـ	+140		OR	+280=		
		-	•		/			ADDIT. F	AL	OF	TOTAL ADDIT, FEI		
	•	(Column 1)		(Col	umn 2)	(Column	<u>3)</u>	ADD111.1					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NL PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RAT	ADDI- E TIONA FEE		RATE	ADDI- TIONAL FEE	
	T tal	•	Minus	**		=	_	X\$ 9	=	OF	X\$18=		
	Independent	•	Minus	***	A . T. C. A	<u> </u> -	_	X42	=	OF	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=	OF	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									TAL.	OF	TOTA	Ε	
If the entry in country is less than 15 feets than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
1				1			•					OC COMMEDIC	

Application or Docket Number